

FAX COVER PAGE

Addressee: FEC FAX NO. (202) 219-0176
(COMPANY)
Federal Election Commission Direct Dial (202) 694-1100
(INDIVIDUAL)

From: LaNita Talley-Black Date March 17, 2006

Cover Sheet & _____ pages Personal Billing No. 14867-0001 *

Return to L. Talley-Black / 1777 /
NAME EXT. OFFICE LOCATION

Original document(s) will be: ☐ sent to you ☐ held in our files

MESSAGE:

24 Hour IEC Report from NARAL Pro-Choice America, FEC ID C90004185

*Insert the last 4 digits of your employee I.D. number.

IF THERE ARE PROBLEMS WITH THIS TRANSMISSION, PLEASE CALL:

(202) 628-6600

March 17, 2006

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

**Re: NARAL Pro-Choice America
FEC ID No. C90004185**

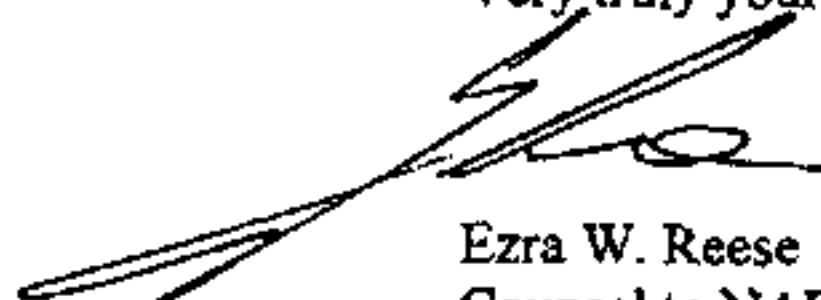
Dear Sir or Madam:

The Committee has made three attempts at electronically filing the FEC Form 5 today, March 17, 2006.

The FEC filing results indicated that our attempts could not be processed; therefore, the Committee is faxing the 24 Hour Report.

If you need any further information, please do not hesitate to contact the Committee.

Very truly yours,



Ezra W. Reese
Counsel to NARAL Pro-Choice America

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation NARAL Pro Choice America		3. FEC Identification Number C 90004185
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW, Suite 700		
(c) City, State and ZIP Code Washington, DC 20005		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

☐ (a) April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year-End Report

XX 24-Hour Report

☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No **X**

5. COVERING PERIOD: FROM

03 /17/2006

THROUGH

03/18/2006

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

7870.24

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

John Botts

3/17/2006

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 5447g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-8530, Local 202-684-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 1
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

NARAL ProChoice America

Full Name (Last, First, Middle Initial) of Payee

LSG Strategies

Mailing Address

2120 L Street, NW, Suite 305

City

Washington, DC

State

Zip Code

20039

Date

03

18

2006

Amount

6,465.24

Purpose of Expenditure

Automated Calls

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

State: **IL**

District: **3**

Name of Federal Candidate Supported or Opposed by Expenditure:

John P. Sullivan

Check One:

☒ Support

☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

7870.24

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

LSG Strategies

Mailing Address

2120 L Street, NW, Suite 305

City

Washington, DC

State

Zip Code

20039

Date

03

18

2006

Amount

1405.00

Purpose of Expenditure

List Rental

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

State: **IL**

District: **3**

Name of Federal Candidate Supported or Opposed by Expenditure:

John P. Sullivan

Check One:

☒ Support

☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

7870.24

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City

State

Zip Code

Date

Amount

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State: _____

District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

☐ Support

☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

0.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

7,870.24

(c) TOTAL Independent Expenditures..... ▶
(carry total from last page forward to Line 7)

7,870.24

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED